Refine Search

Search Results -

Term	Documents
TWO-STAGE	69450
TWO-STAGES	618
MULTIPLEX	115558
MULTIPLEXES	21280
PCR	87660
PCRS	2628
AMPLIFICATION	255073
AMPLIFICATIONS	9853
(TWO-STAGE AND ((MULTIPLEX ADJ PCR) OR (MULTIPLEX ADJ AMPLIFICATION))).PGPB,USPT,USOC,EPAB,JPAB,DWPI.	32
((TWO-STAGE AND (MULTIPLEX PCR OR MULTIPLEX AMPLIFICATION))).PGPB,USPT,USOC,EPAB,JPAB,DWPI.	32

Database:
US Pre-Grant Publication Full-Text Database
US Patents Full-Text Database
US OCR Full-Text Database
EPO Abstracts Database
JPO Abstracts Database
Derwent World Patents Index
IBM Technical Disclosure Bulletins

Search: L64

Refine Search | Recall Text | Clear | Interrupt

Search History

DATE: Tuesday, February 01, 2005 Printable Copy Create Case

Set Name side by side	Query	Hit Count	Set Name result set
	DB=PGPB,USPT,USOC,EPAB,DWPI; PLUR=YES; OP=ADJ		
L1	10/090326	1	L1

L36	L35 and (vessel or reaction vessel)	36	L36
L37	L36 and automat$	25	L37
DB=PGPB,USPT,USOC,EPAB,DWPI; PLUR=YES; OP=ADJ			
L38	intraoperative PCR	2	L38
L39	(operation or surgery) same (PCR or polymerase chain reaction)	4124	L39
L40	L39 same threshold	42	L40
L41	L40 same indicator transcript	1	L41
L42	((operation or surgery)same patient) same (PCR or polymerase chain reaction)	294	L42
L43	L1 and indicator transcript	1	L43
L44	L43 and CEA transcript	0	L44
L45	L1 and CEA transcript	0	L45
L46	L1 and CEA	1	L46
L47	carcinoembryonic antigen	3761	L47
L48	L47 and L42	33	L48
L49	L48 and (during near$2 (surgery or operation))	0	L49
L50	L48 and (during same(surgery or operation))	19	L50
L51	L42 and (during same(surgery or operation))	119	L51
L52	((PCR or polymerase chain reaction)same (during same(surgery or operation)))	1024	L52
L53	L52 same L47	1	L53
L54	L52 same tumor antigen	0	L54
L55	L52 and L47	3	L55
L56	L52 and transcript	74	L56
L57	L52 same transcript	9	L57
L58	L52 same expression	29	L58
L59	L52 same threshold	6	L59
L60	L47 and L7	31	L60
DB=USPT,DWPI; PLUR=YES; OP=ADJ			
L61	5837442.pn or 5882856.pn. or 5965710.pn. or 6057105.pn. or 6168948.pn.	8	L61
DB=PGPB,USPT,USOC,EPAB,JPAB,DWPI; PLUR=YES; OP=ADJ			
L62	(two-stage near (PCR reaction or amplification reaction))	10	L62
L63	(two-stage near (multiplex PCR or multiplex amplification))	0	L63
L64	(two-stage and (multiplex PCR or multiplex amplification))	32	L64

END OF SEARCH HISTORY

L2	multiplex PCR	1216	L2
L3	L1 and first amplification and second amplification	1	L3
L4	L1 and ((first same second) near (amplif$ or cycle$1))	1	L4
L5	L1 and ((different or multiple or plurality) same cycles)	1	L5
L6	L1 and (different temperature or different Tm)	1	L6
L7	multiplex near (PCR or polymerase chain reaction)	1296	L7
L8	L7 and (PCR cycles)	229	L8
L9	L8 and (different same (reaction near$3 condition))	0	L9
L10	(PCR or polymerase chain reaction or RT-PCR or reverse transcriptase Polymerase chain reaction or polymerase chain amplification)	89525	L10
L11	L10 AND ((MULTIPLE OR PLURAL$ OR DIFFERENT OR MORE) NEAR CYCLE$1)	2592	L11
L12	L10 AND (SEQUENTIAL NEAR CYCLE$1)	80	L12
L13	L10 AND ((DIFFERENT OR DISTINCT OR SEPARATE) NEAR (TEMPERATURE OR TM))	2197	L13
L14	((L11 OR L12 OR L13) AND ((FIRST NEAR$3 AMPLIFICATION)OR (FIRST NEAR$3 PRIMER SET) OR (FIRST NEAR$3 AMPLICON)))	0	L14
L15	((L11 OR L12 OR L13) AND (FIRST NEAR$3 AMPLIFICATION))	0	L15
L16	((L11 OR L12 OR L13) AND (FIRST NEAR AMPLIFICATION))	250	L16
L17	((L11 OR L12 OR L13) AND (FIRST NEAR PRIEMR SET))	0	L17
L18	((L11 OR L12 OR L13) AND (FIRST NEAR PRIMER SET))	48	L18
L19	((L11 OR L12 OR L13) AND (FIRST NEAR AMPLICON))	28	L19
L20	L19 and (second near amplicon)	11	L20
L21	L18 and (second near primer set)	40	L21
L22	(L16 and (second near amplification))	125	L22
DB=USPT,DWPI; PLUR=YES; OP=ADJ			
L23	(L18 or L19 or L20 or L21 or L22) and (multiplex or multiplex amplification)	18	L23
DB=USPT,USOC,EPAB,DWPI; PLUR=YES; OP=ADJ			
L24	GUS near$3 amplicon or 18S-rRNA near$3 amplicon or tyrosinase near$3 amplicon or CEA near$3 amplicon	0	L24
L25	reverse transcriptase polymerase chain reaction or RT-PCR	7480	L25
L26	L25 same PCR primer set	14	L26
L27	L26 same polymerase	3	L27
L28	L27 and (single tube or single vessel or single cartridge)	0	L28
L29	L27 and ((single tube) or (single vessel) or (single cartridge))	0	L29
L30	L25 and ((single tube) or (single vessel) or (single cartridge))	168	L30
L31	L25 same((single tube) or (single vessel) or (single cartridge))	50	L31
L32	((single tube) or (single vessel) or (single cartridge)) same L2	13	L32
L33	L32 and L25	3	L33
L34	L25 and cartridge	536	L34
L35	L34 and compartments	98	L35

PubMed ID: 8158116

TITLE: Simultaneous amplification and detection of specific hepatitis B virus and hepatitis C virus genomic sequences in serum samples.

AUTHOR: Nedjar S; Mitchell F; Biswas R

CORPORATE SOURCE: Laboratory of Hepatitis, Center for Biologics Evaluation and Research, Food and Drug Administration, Bethesda, Maryland.

SOURCE: Journal of medical virology, (1994 Feb) 42 (2) 212-6.
Journal code: 7705876. ISSN: 0146-6615.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199405

ENTRY DATE: Entered STN: 19940526
Last Updated on STN: 19940526
Entered Medline: 19940517

AB A sensitive and specific **two-stage** polymerase chain reaction (**PCR**) technique was developed for the simultaneous **amplification** and detection of specific genomic sequences of hepatitis B virus (HBV) and hepatitis C virus (HCV) in serum samples. Initially, HCV-RNA was reverse transcribed to cDNA. This cDNA and DNA from HBV were then co-amplified using **primer pairs** derived from conserved regions of HBV and HCV nucleotide sequences. The specificity of PCR products was confirmed by liquid hybridization analysis using 32P end-labeled oligomer probes specific for the target HBV and HCV nucleotide sequences. Independent human serum samples, positive and negative by PCR for both HBV-DNA and HCV-RNA, were used as controls. We tested sera from nine donors, of which seven were reactive for HBsAg, anti-HBc, and anti-HCV (multiantigen test), one of whom was reactive for anti-HCV and anti-HBc, and one of whom was reactive for HBsAg and anti-HBc. The assay detected HBV- and HCV-specific genomic sequences in eight of eight sera reactive for both HBV and HCV serological markers and also in the serum that was reactive for HBV markers only.

Genotyping of hepatitis C virus by the polymerase chain reaction: A comparison of two PCR-based methods using core or NS5 primers.

AUTHOR: Hashimoto M.; Chayama K.; Tubota A.; Koida I.; Saitoh S.; Arase Y.; Ikeda K.; Kobayashi M.; Kanda M.; Iwasaki S.; Nakano A.; Takagi K.; Koike H.; Kumada H.

CORPORATE SOURCE: Liver Research Laboratoire, Department Gastroenterology, Toranomon Hospital, Toranomon, Minato-Ku,Tokyo 105, Japan

SOURCE: International Hepatology Communications, (1995) 4/2 (67-71).
ISSN: 0928-4346 CODEN: IHCOEP

COUNTRY: Ireland

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 004 Microbiology
006 Internal Medicine
029 Clinical Biochemistry
048 Gastroenterology

LANGUAGE: English

SUMMARY LANGUAGE: English

AB The presence of hepatitis C virus subtypes and their clinical importance, especially in the context of interferon sensitivity, are reported. In this study, we compared two kinds of polymerase chain reaction (**PCR**)-based methods - one step quick subtyping and **two stage** subtyping procedure for the determination of genotypes. Using the mixed **primer sets** derived from the core or NS5 region, we amplified cDNA samples obtained from patients with a hepatitis C virus infection. Of 116 samples tested, 91 (78%) showed identical genosubtypes between these two methods and 19 (16%) showed different ones. Although such discrepant results are considered to be related to the characteristics of these two methods, further studies remain to elucidated.

Sensitivity of **two-stage PCR amplification** for detection of mycobacterium tuberculosis in paraffin-embedded tissues.

AUTHOR: Durmaz R.; Aydin A.; Durmaz B.; Aydin N.E.; Akbasak B.S.; Gunal S.

CORPORATE SOURCE: R. Durmaz, Department of Clinical Microbiology, Faculty of Medicine, Inonu University, Malatya, Turkey

SOURCE: Journal of Microbiological Methods, (1997) 29/2 (69-75). Refs: 29
ISSN: 0167-7012 CODEN: JMIMDQ

PUBLISHER IDENT.: S 0167-7012(97)00022-5

COUNTRY: Netherlands

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 004 Microbiology
005 General Pathology and Pathological Anatomy

LANGUAGE: English

SUMMARY LANGUAGE: English

AB In order to improve the sensitivity of polymerase chain reaction (PCR) for the detection of mycobacterial DNA in paraffin-embedded tissues, a new approach with two sets of specific primers in **two-stage PCR** was employed in specimens obtained from tuberculosis patients and controls. Thirty-nine paraffin blocks selected from patients who had been diagnosed as having tuberculosis by radiological evaluations, histopathological findings, and clinical symptoms and signs including response to antituberculous treatment were examined. The control group consisted of 10 specimens from individuals thai were proved to be negative for tuberculosis. After deparaffinization, lysis, phenol-chloroform extraction, and ethanol precipitation, the isolated DNA was amplified by PCR. Initially, all specimens were examined by the one- stage PCR using specific printers for 123-base pair (bp) fragment in IS6110 of mycobacterial DNA which yielded positive results only in 3 out of 39 (7.7%). In the **two-stage PCR** technique, 245 bp fragment of mycobacterial DNA was **amplified** at the first-step, then the PCR products were reamplified using the second specific **primer pairs** for 123-bp fragment. The true positivity of the **two-stage PCR** was 84.6% (33/39). The results indicate that **two-stage PCR** is more sensitive than one-stage (84.6% vs. 7.7%). All control specimens were negative by both PCR amplification methods, indicating that specificity of both methods was high. When the **two-stage amplification** was used, **PCR** positivity in the specimens obtained from different tissues was as follows: peritoneal and omental biopsies, 4/4; bone biopsies, 3/3; lymph node biopsies, 12/14; genito-urinary biopsies, 7/9; skin biopsies, 4/6; and one from each lung, breast, and pleural biopsies. PCR showed a good correlation with the granulomatous tissue reaction resulting in a 83.8% (31/37) positivity. The results indicate that the **two stage PCR amplification** can be used for detection of M. tuberculosis in paraffin-embedded tissues and is a useful technique in confirming tuberculosis in patients with clinically suspected disease who have acid-fast stain-negative.

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     (FILE 'HOME' ENTERED AT 15:27:41 ON 01 FEB 2005)

     FILE 'MEDLINE, BIOTECHDS, EMBASE, BIOSIS, SCISEARCH, CANCERLIT, CAPLUS'
     ENTERED AT 15:30:26 ON 01 FEB 2005
L1          202 S (PRIMER PAIR# OR PRIMER SET#) AND (TM OR EFFECTIVE TM)
L2            0 S L1 AND (TWO-STAGE (5A) (AMPLIFICATION OR PCR))
L3          187 S TWO-STAGE PCR OR TWO-STAGE AMPLIFICATION
L4            0 S L3 AND L1
L5          165 S L1 AND PCR
L6           14 S L5 AND MULTIPLEX PCR
L7            0 S L1 AND  ((TWO-STEP OR TW- STAGE) (5A) PCR)
L8            4 S ((PRIMER PAIRT# OR PRIMER SET#) (5A) (MELTING TEMPERATURE OR
L9           48 S ((PRIMER PAIRT# OR PRIMER SET#) AND (MELTING TEMPERATURE OR E
L10          44 S L9 AND (PCR OR MULTIPLEX PCR OR POLYMERASE CHAIN REACTION OR
L11          21 DUP REM L10 (23 DUPLICATES REMOVED)

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